

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>J.B.</i>	<i>200000</i>	<i>Q.KC-00</i>
O.I.P.E. CLASSIFIER		<i>48</i>	<i>9/24/00</i>
FORMALITY REVIEW	<i>J.S.</i>	<i>69134</i>	<i>10-24-00</i>
RESPONSE FORMALITY REVIEW			

best Available Copy

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Date
Final	
Original	
1	1/22/00
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3	✓
4	✓
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Claim	Date
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If more than 150 claims or 10 actions
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